



FILED
OCT 17 2003
PTO/SB/22 (08-03)
SEARCH CENTER 1600/2900

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 020015-000110US																				
<table border="1"> <tr> <td colspan="2">In re Application of Buechler et al.</td> </tr> <tr> <td colspan="2">Application Number 09/453,234 Filed December 1, 1999</td> </tr> <tr> <td colspan="2">For HUMAN ANTIBODIES</td> </tr> <tr> <td>Art Unit 1636</td> <td>Examiner Q. Nguyen</td> </tr> </table>			In re Application of Buechler et al.		Application Number 09/453,234 Filed December 1, 1999		For HUMAN ANTIBODIES		Art Unit 1636	Examiner Q. Nguyen												
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$950</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</td> </tr> </table> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 37,505</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>Oct 7, 2003</u> Date</p> <p><u>J. Liebeschuetz</u> Signature</p> <p>Joe Liebeschuetz, Reg. No. 37,505 Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.		<input type="checkbox"/> A check in the amount of the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.	
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